

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-1958.M5**

MDR Tracking Number: M5-04-0113-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 8, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The work-conditioning program was found to be medically necessary. The therapeutic exercises, myofascial release, office visits, joint mobilization, kinetic activities, neuromuscular re-education, special reports, medical procedure, aquatic therapy, unusual travel were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises, myofascial release, office visits, joint mobilization, kinetic activities, neuromuscular re-education, special reports, medical procedure, aquatic therapy, unusual travel and work conditioning program charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 6/2/03 and 6/3/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19<sup>th</sup> day of November 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

November 14, 2003

Re: MDR #: M5-04-0113-01  
IRO Certificate No.: IRO 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

**Clinical History:**

This patient was hurt at work on \_\_\_. She injured her right side including her shoulder, ribcage, hip and lower back. She has undergone surgical repair of the right rotator cuff and has received chiropractic care for her injuries.

**Disputed Services:**

Therapeutic procedure, myofascial release, office established outpatient, established outpatient L2 Prob FOC H & E, joint mobilization, kinetic activities, neuromuscular re-education, special report, medical procedure, aquatic therapy, unusual travel, work hardening/conditioning, for dates of service of 01/15/03 through 07/03/03.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier. The work hardening/conditioning program was medically necessary. All other items in dispute were not medically necessary.

**Rationale:**

While the chiropractic treatment given the patient after 01/15/03 post-injection cannot be justified in the current literature, the work hardening program which the

patient began certainly can be medically justified. Based on the RCE report dated 04/14/03, a work hardening program was certainly appropriate.

The reviewer disagrees with the treating doctor's recommendation for CMT, therapeutic modalities, and active treatment being performed in a therapeutic environment as these are not indicated post-injection therapy in any current literature available. The patient had undergone such treatments prior to being sent for intercostals and ESI injections. The fact that she had to be sent for injection therapy indicates the evident failure of the treatment regiment and, as such, resuming the regimen after injections cannot be justified medically.

As for the remaining items in dispute, no documentation has been provided to support the medical necessity of the care given on or after 01/15/03. Such documentation would include, but not be limited to, studies, peer-reviewed literature, or treatment guidelines supporting the treatment the patient has received.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,